

DFM Investor Number Request Form

Date:

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| Account Type | | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Company / Sole Proprietorship | <input type="checkbox"/> Heirs Account |

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| Individual | | |
| Full Name (as per Passport): | | |
| Mother's Name: | | Nationality: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Passport No.: | Emirates National ID No.: |
| Date of Birth: DD / MM / YYYY | Minor (under 21): <input type="checkbox"/> Yes <input type="checkbox"/> No | UAE Visa Number (if applicable): |
| Guardian/Representative Name (if applicable): | UAE Family Book No: | |
| Guardian/Representative Investor Number (if applicable): | City No: | Family No: |

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| Company/Sole Proprietorship | | |
| Company Name (as per trade license): | | |
| Authorized Signatory Name: | Trade License No.: | |
| Authorized Signatory Emirates National ID No.: | Commercial Registration No.: | |
| Authorized Signatory Passport No.: | Type of Company: | |

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| Heirs Account | | |
| Deceased Name: | | |
| Heir's Representative Name: | | |
| Heir's Representative Emirates National ID No.: | Heir's Representative Passport No.: | |

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| Contact Details | | |
| Address: | Mobile Phone No.: | |
| P.O. Box: | Zip/Postal Code: | Residence/Office Telephone No.: |
| City: | Country: | Email Address: |

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| Cash Dividends Payment Method (Select one option only) | | |
| <input type="checkbox"/> iVESTOR Card (for individual investors & sole proprietorships only) 1. Cards will be delivered by courier inside UAE (registered mail outside UAE) 2. The investor should obtain an iVESTOR Card before the dividends are distributed 3. iVESTOR Card Issuance is FREE. 4. Card issuance is subject to iVESTOR Terms & Conditions (available at www.dfm.ae) | <input type="checkbox"/> Bank Transfer (for all investors) 1. Bank transfers may be subject to charges and/or foreign exchange conversion rates which may be deducted from the cash dividends amount by the transferring bank and/or the receiving bank. 2. Please attach a bank statement or certified bank letter, stating clearly the bank account details 3. Bank account should be in the name of the investor 4. Please fill the details below only if you select "Bank Transfer" as cash dividends payment method | |
| Bank Type (select one option only): <input type="checkbox"/> UAE Bank Account Details <input type="checkbox"/> Non-UAE Bank Account Details | | |
| Bank Name: | Bank Name: | Swift Code: |
| IBAN No. (AED): | City: | Country: |
| Bank Name: | Account No.: | |
| IBAN No. (USD): | IBAN No.: | |

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| Acknowledgment | | |
| I, the undersigned, hereby undertake, as an investor, Agent or Guardian, full legal and financial liability for the accuracy of completing the information based on the choice of cash dividend distribution mechanism I would like to receive cash dividends which are approved for distribution by the DFM and Nasdaq Dubai listed companies, I agree and I am in my full legal capacity, to release Dubai CSD from any liability that may arise from and deficiency or error in providing any of the data or information set forth in this application. I therefore waive irrevocably my right to claim from Dubai CSD any material, compensation or otherwise to meet any claims. I have read the Terms and Conditions which can be found at www.dubaicsd.ae website under the section Terms & Conditions which forms part of my application for an Investor Number with Dubai CSD and hereby agree to be bound by them. I agree that the Investor Number and accounts will be operated in accordance with the Terms & Conditions in force and as may be amended from time to time. | | |
| Investor Signature | Guardian/ Representative Signature/ Authorized Signatory | Entity Stamp certifying the Signature |
| For Official Use Only | DFM Investor Number (NIN): | |

